PUBLIC DISCLOSUR	E COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929			
Lobbyist Name				

THIS SPACE FOR OFFICE USE DATE FILED PDC

	OLYMPIA WA 98504-096 (360) 753-1111 TOLL FREE 1-877-601-2		REGISTRATION	(12/14)	JAN 19 2016
Lobbyist Na					37.11 10 2010
Evan	Michael Gilbert	-		!	
	Business Address		3.7		ephone Numbers 5266
19114	5 Campus Was	NE RM.	350590	Temporary ()
	5 Campus Wa	State	98011	Cell Phone(or Pager	(206) 402-2722
1Soth	U Thurston County address during legisl	ative session	7/80(1	E-Mail Addre	ess
z. romporary	None			e	vanng 47@Uwel
3. Employer's	name and address (person or group fo	or which you lobby)		Employer's of purpose of or	ccupation, business or description of
			y Washington Boxell	l'''	sher Education
Name and a lobbyist rec	address of person having custody of action of actions. (Person responsible for producing	counts, receipts, books or other d g the lobbyist employer's annual L	ocuments which stibstantiate -3 report.)	E-Mail Addre	SS
	Indrea Ramis		,	raw	iand@uw.edu
5. What is you	pay (compensation) for lobbying? per Session (hour, day, month, year		Description of employment (check one	or more boxes)	
S Cother: Expl		- '	☐ Full time employee ☐ Part time or temporary employee ☐ Contractor, retainer or similar agree ☐ Unsalaried officer or member of green		☐ Sole duty is lobbying ☐ Lobbying is only a part of other duties
6. Are you reir	nbursed for lobbying expenses? Expla	in which expenses.	Does employer pay any of your lobbying if yes, explain which ones.		ectly?
☐ Yes: ☐ Yes: 251-No:	per I am reimbursed for expenses. I am not reimbursed for expenses.	-	\ \ \ \ \ \	e Reiv	nbusement
7. How long do	you expect to lobby for this organizat	ion?	<u> </u>		
☐ Permar	nent lobbyist . The On	ly during legislative session	Other, Explain:		
8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year. No Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.					
	he list is of parties attached	•			
to fund raising e	employer have a connected, related or vents? If so, list the name of that polit	closely affiliated political action co ical action committee.	mmittee which will provide funds for you	to make politica	al contributions including purchase tickets
	ame of the committee is:		•		
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)					
11. Areas of int	erest. Lobbying is most frequent before	e legislative committee members	Remarks:		
or state agencie	s concerned with following subjects:				·
	riculture 0	ODE SUBJECT Health Care			
03 ☐ Co	nstitutions and elections 1	0 Higher education 1 Human services			
05 ☐ En	ergy and utilities 1	2 ☐ Labor 3 ☐ Law and justice			
	esources - parks 1	4 Local government 5 State government			•
ir	surance 1	6 ☐ Technology 7 ☐ Transportation			
08 🔲 Fis	scal 1	8 Other - Specify:			
statement.	ATION: I hereby certify that the above		in this registration statement		employment authority to lobby described
12. LOBBYIST	S SIGNATURE	DATE	EMPLOYER'S SIGNATURE, NAME	L L L L L L L L L L L L L L L L L L L	INTED, AND THEE
	ant to 2	1/14/16	1 Could) 1/19/18
BDC Form I -1 /row 4	200			NOT V	ALID UNLESS SIGNED BY BOTH